U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only PROCE READ THE INSTRUCTIONS CAREFUL B CMS USE READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT
1 File Number U	2 Fiscal Year Covered From
13490	1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name James M Warren	Name Laborers International Union of North America
	Labor Organization File Number 000-131
PO Box Bldg Room No if any	P O Box Building and Room Number if any
Street 620 Sunbeam Avenue	Street 905 16th Street N W

City

State

Washington

District of Columbia

ť.

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

ZIP Code + 4 95814-0437

Director of Education

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent					
6 Name and address of Employer	(including trade name	rfany)	7 a Nature of Interest, Trans	saction or Income	
Name	××.	·	and the second s	-c	~
Trade Name if any	4		an to the second	~~ ~~ ~~	٠
PO Box Bldg Room No Ifan	у [Ţ.Z.	7 b Amount	e f g	
Street	4:				
City	**************************************	* -		1 n &	
State	ZIP Code	9+4			

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the
undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)
•

Signed

City

State

Sacramento

California

5 Position in labor organization

On 8/15/05

(916) 446 3622

Telephone Number

ZIP Code + 4 20006

Name of Person Filing James Warren	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name Palm Springs Riviera Trade Name if any PO Box Bidg Room No if any Street 1600 North Indian Canyon Drive City Palm Springs State California ZiP Code +4 92262-4602	b Trust c Employer	ition	
40 80 5 20 0 10 10 10 10 10 10 10 10 10 10 10 10	11 a Nature of such dools	na .	
Name Name Name fany PO Box Bldg Room No if any Street City ZIP Code + 4	11 b Approxymate dollar valu 12 a Nature of interest hele 4/2/04 4/6/04 F	re of such dealing d or income received acific Southwest Regional fruit basket and refreshments	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.		
(including trade name if any)	2/19/04 to 2/22/0	4 Laborers Linternational Union 2	
Name IL Laborers' & Contractors Joint Apprentice-		Leadership i Class Lodging and	
Trade Name If any ship & Training Committee 30			
PO Box Bldg Room No If any			
Street Rural Route 3 2 6 2 2 2 2 2 3 2 3			
City Mount Sterling			
State		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		· · · · · · · · · · · · · · · · · · ·	
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment	्रें ५ % ¥ \$120 ₄	

Name of	f Person	Filina	Tamor	Warrer

File Number U-

Part C Continuation Page					
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including	14 a Nature of payment				
Trade Name If any Name New England Laborers Training Fund Trade Name If any PO Box Bidg Room No If any Street 37 East Street City Hopkinton State Massachusetts 37 ZiP Code + 4 01748-2683	August 2004 Laborers International Union of North America Leadership 1 Class Lodging and Meals for three nights Amount unknown best estimate of total value \$120				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.				
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.				
Name New England Laborers' (Training) Fund (🚧 🗸 🖟 🍀	August 2004 Laborers International Union of North America Leadership 1 Class Dinner Amount unknown best estimate \$40				
PO Box Bldg Room No rfany					
Street 37 East Street 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
State Massachusetts & August ZIP Code + 4 [01748-2683]					
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment				
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value					
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment. 9/22/04 - 9/23/04 Voices @ Work Train-the-				
Name Eastern MO Laborers Training Fund	Trainer Lodging and Meals Amount unknown best				
Trade Name if any					
PO Box Bldg Room No If any					
Street 35 Opportunity Road					
City High Hill State Missouri, ZIP Code + 4 63350 3101	the state of the s				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.				

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	Name of Person Filing		
١,	Name of Person Plang	.Tamee	Warren

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)	9 Business deals with
Name Paul Aleman ULLICO	x a Labor Organization
Trade Name If any	
PO Box Bldg Room No If any	b Trust
Street 1625 Eye Street A KALLAN & TANK	c Employer
City Washington	
State District of Columbia ZIP Code + 4 20006-4698	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name Name	The Union Labor Life Insurance Company provides multi-line insurance financial services and
Trade Name If any	administrative products to members of the Laborers' International Union of North America
PO Box Bldg Room No If any	
Street - \$ 1991 3742 3742	
City City	
State ZIP Code + 4 3 5 5 5 5	11 b Approximate dollar value of such dealing UNKNOWN
	12 a Nature of interest held or income received
	April 2004 Pacific Southwest Regional Conference golf outing Amount unknown best estimate \$50
	12 b Amount

Part C Continuation Page

ran C Continuation rage			
C Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name Laborers -Employers Coop & Education Trust Trade Name if any PO Box, Bldg Room No if any Street 905 16th Street N W City Washington D C State District of Columbia ZIP Code + 4 20006-1703	April 2004 Pacific Southwest Regional Conference Dinner Amount unknown best estimate \$85		
13 b Is the Business an Employer 3 or Consultant 7			
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.		
Name Mason Tenders District Council Training Fund	2004 Wages & Benefits of spouse Katherine L Warren Former Employee of Mason Tenders *		
Trade Name if any:	District Council Training Fund (1/1/04 to 9/30/04) Approximate amount \$133 000		
PO Box Bldg Room No If any			
Street 75°Varick Street Andrew 4 / Thinks 1			
City New York (Zip) Zip Code + 4 10013-1917			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.		
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name [Intentionally left blank]	[Intentionally left blank]		
Trade Name If any			
PO Box Bldg Room No If any (本語 - 中華)			
Street Street			
City City Company of the City			
State & The state of the state			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment		

Addenda to Form LM-30 Labor Organization Officer and Employee Report

JAMES WARREN

File Number U -

Laborers' International Union of North America, Organization File Number 000 -131 Fiscal Year Covered From 1/1/04 through 12/31/04 Page 1 of 1

ADDENDUM A

It is conceivable that I received the benefit of a meal refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received

ADDENDUM B

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ('LIUNA), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance

James Warren
Director of Education
Laborers International Union of North America
620 Sunbeam Avenue
Sacramento, CA 95814

August 15, 2005

U S Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D C 20210

> Re <u>Form LM-30 Filing for James Warren, U-</u> <u>Labor Organization File No 000 - 131</u>

Dear Sir or Madam

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection of benefits I may have received. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount. Further, in completing the LM-30 report, I have consulted with legal counsel and have obtained and have relied upon legal advice.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the advice of legal counsel and the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all

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lawfully reported benefits that I received in 2004 By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U S C 432, or that I did not receive such items within the provisions of 29 U S C 186(c)

Sincerely,

James Warren

Enclosure